

CLAIMS ONLY							Application Number 10 699 321		Filing Date		
							Applicant(s)				
							May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend					Indep
1							51				
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48							98				
49							99				
50							100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				

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Total Indep						
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